



**WellSpring Counseling Center**  
**NOTICE OF PRIVACY**

We at WellSpring Counseling Center are committed to protecting the privacy of your healthcare information within the guidelines of federal legislation. This notice will serve to tell you how information about you is used and under what conditions it may be shared with other professionals and organizations. If you have any questions concerning this notice, please feel free to ask our director, Dr. Margaret Oeschger, or your treating professional, for clarification or a more detailed explanation.

As healthcare providers committed to helping you, we gather information which enables us to provide psychological and counseling services. This information includes your personal history, present concerns and health condition, symptoms, and results from any tests or instruments we may administer to aid in diagnosis and treatment. This information is protected health information (PHI) and is safely kept in a confidential record at our office. This information is used to plan your care and treatment; follow your progress; consult with other professionals involved in your care (provided that you have released us to do so); and to submit claims to your insurance company for payment. Should you have any questions about anything in your record, we invite you to ask your treating professional.

Federal regulations concerning privacy are now in effect. This law is called Health Insurance Portability and Accountability Act (HIPAA). When your PHI is used to make decisions about your care that is called in the law, "use." If the information is shared or sent to others outside the office, it is called in the law, "disclosure." In most circumstances, information is disclosed for routine purposes; e.g., submitting/billing healthcare claims. PHI uses other than submissions for billing will require your specific written authorization. Please know that we share only the minimum necessary PHI needed for others to do their job. Should you prefer that we not do routine things such as call you to check on a missed appointment; remind you of your appointment time, or send a bill notifying you of any unpaid balance outstanding, please inform the professional involved in your treatment so that alternatives to these uses of PHI can be worked out. Please know that any organization associated with ours that has some access to your PHI; e.g., our 24-hour answering service, has agreed in their contract with us to safeguard your information.

You should be aware that your contract with your health insurance company requires disclosure of relevant PHI to process claims for service submitted by WellSpring Counseling Center. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. By signing this Notice of Privacy, you agree that we can provide requested information to your insurance company/carrier or their representative.

There are some uses and disclosures of PHI which do not require your consent or authorization. These exceptions are explained in the Statement of Confidentiality on the other side of this sheet. When you authorize us to disclose PHI to any outside organization, you have the right to revoke that consent at any time.

After you have read this notice and have asked any questions you may have, we would ask you to sign below to authorize and give consent for our office to provide the services for which you sought our help.

*Patient's (and/or guardian) Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Print Name* \_\_\_\_\_ *Witness* \_\_\_\_\_ *Date* \_\_\_\_\_

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